REPORT OF THE VIRGINIA
DEPARTMENT OF HEALTH PROFESSIONS

Report on the Collection of Data and Information about Utilization of the Prescription Monitoring Program pursuant to SJR 73 and SJR 75 (2010)

TO THE GOVERNOR AND
THE GENERAL ASSEMBLY OF VIRGINIA

SENATE DOCUMENT NO. 13

COMMONWEALTH OF VIRGINIA
RICHMOND
2010

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COMMONWEALTH of VIRGINIA

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October 15, 2010

MEMORANDUM

TO: The Honorable Robert F. McDonnell, Governor of Virginia
Members of the General Assembly

FROM: Dianne L. Reynolds-Cane, M.D., Director
Department of Health Professions

RE: **Report on the Collection of Data and Information about utilization of the Prescription Monitoring Program pursuant to SJR73 and SJR75 (2010)**

Pursuant to Senate Joint Resolutions 73 and 75 (2010), the Department of Health Professions has collected data and information on the utilization of the Virginia Prescription Monitoring Program by prescribers and dispensers of controlled substances.

The resolution also requests specific and related data to be provided for each month of 2010 and the provision of any recommendations for changes to the Prescription Monitoring Program for the 2011 General Assembly.

We offer sincere thanks and gratitude to the individuals who serve on the Virginia Prescription Monitoring Program Advisory Panel, the staff of the Program and the Department, as well as other interested parties for their participation and assistance in reviewing data concerning the program and developing recommendations to improve the efficiency and efficacy of the program.

VIRGINIA PRESCRIPTION MONITORING PROGRAM

ADVISORY PANEL

Members
Dr. Kenneth Walker, Chairman
Randell Clouse, Medicaid Fraud Unit, Office of the Attorney General, Vice Chair
Carola Bruflat, Family Nurse Practitioner
Mellie Randall, Department of Behavioral Health and Developmental Services
First Sergeant Harvey Smith, Virginia State Police
Dr. Amy Tharp, Office of the Chief Medical Examiner
Holly Morris, Pharmacist
Dr. John Barsanti, Pain Management Specialist
Brenda Mitchell, Virginia Association for Hospices
Department Staff
Dianne Reynolds-Cane, M.D., Director, Department of Health Professions
Arne Owens, Chief Deputy Director
Howard Casway, Senior Assistant Attorney General
Ralph A. Orr, Program Director, Virginia Prescription Monitoring Program

Executive Summary

The Virginia Prescription Monitoring Program (VPMP) was created due to grave concerns related to a prescription drug abuse epidemic primarily located in Southwest Virginia. The program is primarily a tool to assist prescribers and dispensers in making more informed treatment and dispensing decisions. It is also designed to be a tool for authorized law enforcement and regulatory personnel to assist them in investigations related to prescription drug abuse and diversion.

The VPMP started operations in September 2003 as a fax-based system covering Schedule II prescriptions dispensed by pharmacies located in southwest Virginia. Information was available only to prescribers licensed in Virginia and to authorized agents of the State Police as well as limited access to Department of Health Professions personnel. In June 2006, the VPMP went statewide covering Schedule II-IV controlled substances prescriptions dispensed by resident and non-resident pharmacies as well as dispensing physicians. At this time, the program began using web-based software to facilitate the submission of requests and the provision of requests and access was expanded to all prescribers and to pharmacists with a current active license regardless of licensing state, as were other categories of users such as authorized personnel of the Office of the Chief Medical Examiner. This generated further growth of the program but did not meet the needs of those healthcare professionals who needed quick access to prescription information during evenings, nights and weekends.

On October 1, 2009 the VPMP turned on 24/7 access, automated response software in response to requests to make the program more accessible, timely, and efficient. The response to this improvement to the program has been astounding with the number of registered users doubling over the past year and the program processing more than 4 times the number of requests from January through September as were processed in all of 2009. Healthcare professionals comment frequently that the speed of response is amazing as approximately 95% of all requests are processed and sent back to the requestor within one minute. Emergency room providers and other healthcare professionals who did not register for the program previously are now using the program with almost one-third of all requests made during evening, nights, and weekend hours.

The VPMP recognizes that providing education about the program and the issues impacting prescription drug abuse and diversion is critical to making an impact on this public health and safety issue. The program has been very involved in co-sponsoring educational conferences such as one held at the University of Virginia in May 2010. Program staff frequently gives presentations at other educational events and have been exhibitors at various state healthcare professional association meetings. In February of 2010 a mass mailing to approximately 39,000 prescribers and pharmacists licensed in Virginia, providing information specific to the program and other resources, resulted in a surge in registrations and use of the program. The VPMP continues to support, in collaboration with the Virginia Commonwealth University School of Medicine, an online chronic pain management course that licensees of the Department of Health Professions may take at no cost and receive continuing education credit through their respective licensing board.

The VPMP is making several recommendations for the enhancement of the program. While some of the recommendations will ensure the program meets certain minimum eligibility requirements for federal grants, the greater overall impact of the recommendations will allow for more meaningful information being provided to users and ensure compatibility for interoperability with other state prescription monitoring programs.

RECOMMENDATIONS
Add tramadol and carisoprodol to Schedule IV in the Drug Control Act
Add authority to add additional drugs of concern as covered substances utilizing the regulatory process of the Virginia Board of Pharmacy
Expand access to include additional federal law enforcement to include authorized agents of FBI, FDA, and HHS with the requirement of having an open investigation. (Based on NASPER)
Expand access to include authority for medical reviewers for workman's compensation programs (Reviewer would be a prescriber)
Add authority to provide unsolicited reports to law enforcement and regulatory agencies.
Change reporting requirement to "within 7 days of dispensing"
Change reporting format to ASAP version 2007, provide mechanism for Director to change reporting format by providing timeframe to come into compliance.
Add requirement of notarized application for prescribers, dispensers, and delegates
Add requirement of notarized application for Law Enforcement and Regulatory personnel
Add method of payment to reporting requirements (Cash, Medicaid, other)
Require dispensers to report the DEA registration of the dispenser (Note: change from NCPDP#, cost savings for program, align with other state programs)
Require dispensers to report the number of refills ordered
Require dispensers to report whether the prescription was a new or refill
Require the dispenser to report the date the prescription was written
Require estimated number of days for which prescription should last (Days Supply)

Authority for the Prescription Monitoring Program

The law governing the Virginia Prescription Monitoring Program is found in Chapter 25.2 of Title 54.1 of the Code of Virginia. Regulations governing the program are found at 18 VAC 76-20-10 et seq.

Information requested by Senate Joint Resolutions 73 and 75

Senate Joint Resolutions 73 and 75 of the 2010 General Assembly requested certain information to be collected and reported to the 2011 General Assembly. The requested information was:

- *(i) The number of registered agents/users eligible to receive reports from the Prescription Monitoring Program*
- *(ii) The number of reports of dispensing of covered medications submitted to the Prescription Monitoring Program*
- *(iii) The number of exemptions from reporting requirements authorized.*
- *(iv) The number of requests for information from registered agents/users made and responded to*
- *(v) The number of notifications of substantial or unusual prescribing or dispensing activity or indications of potential misuse or abuse of covered substances sent to prescribers and dispensers, and the number and nature of responses to such notifications*
- *(vi) The number of responses to requests for information relevant to an investigation of a specific recipient, prescriber, or dispenser made, and the agency or entity to which such information was released*
- *(vii) The number of disciplinary proceedings initiated by a health regulatory board against a person required to report dispensing of a covered substance to the Prescription Monitoring Program for failure to report as required.*

Response to SJR 73 and 75

(i) The number of registered agents/users eligible to receive reports from the Prescription Monitoring Program

The VPMP started operations in September 2003 as a fax-based system covering Schedule II prescriptions dispensed by pharmacies located in southwest Virginia. Information was available only to prescribers licensed in Virginia. In June 2006, the VPMP went statewide covering Schedule II-IV controlled substances prescriptions dispensed by resident and non-resident pharmacies as well as dispensing physicians. At this time the program began using web-based software to facilitate requests and the provision of requests and access was expanded to all prescribers and to pharmacists with a current active license regardless of licensing state.

At this time requests input via the VPMP WebCenter still required a staff member to manually select the patient information that matched the request and then process the request. Since these requests were only processed during normal business hours and users had to wait 30-

60 minutes for a report, many prescribers and pharmacists did not feel the program would be useful in their specific practices.

On October 1, 2009 the VPMP turned on 24/7 access, automated response software in response to requests to make the program more accessible, timely, and efficient. In February of 2010, VPMP mailed approximately 39,000 brochures describing the VPMP to all prescribers and pharmacists licensed in Virginia resulting in 959 new users being added in March. The response to the software upgrade and the accompanying marketing has been extremely positive. On October 1, 2009 there were 2,990 total registered users, at the end of September there are 7,906 with an average of 432 registered users added each month since October (Figure 1). There were 2,178 registered prescribers a year ago; at the end of September 2010 there were 6,231.

The VPMP is continually working to expand the usage of the program and does this by sponsoring conferences like the event co-sponsored by the University of Virginia Continuing Medical Education Office held in May of this year. Program staff has been exhibitors at annual meetings for the Virginia Council of Nurse Practitioners and the Virginia Pharmacists Association and have given presentations at conferences sponsored by the Appalachian College of Pharmacy held in Lebanon, Virginia in May and a conference sponsored by the Virginia Association of Medication Assisted Recovery Programs in September. Articles about the VPMP have appeared in the Board of Pharmacy Newsletter and Board of Medicine Board Brief. These activities are crucial to promoting the use of the program as well as educating healthcare professionals about the corresponding issues surrounding the legitimate medical use of controlled substances.

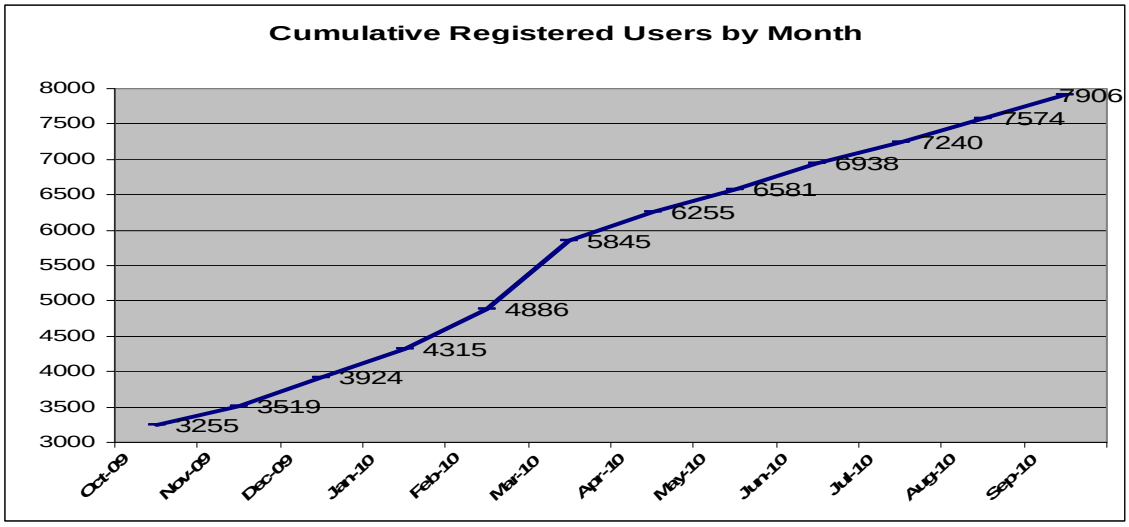


Figure 1.

(ii) The number of reports of dispensing of covered medications submitted to the Prescription Monitoring Program.

The VPMP requires pharmacies and physicians licensed to dispense controlled substances to report their records of dispensed medications twice monthly. All data from the 1st through the 15th of each month is due to VPMP by the 25th of the same month and all data from the 16th through the 31st of each month is due by the 10th of the following month.

The number of prescriptions reported to the VPMP each month has historically been, and continues to be, approximately one million records per month.

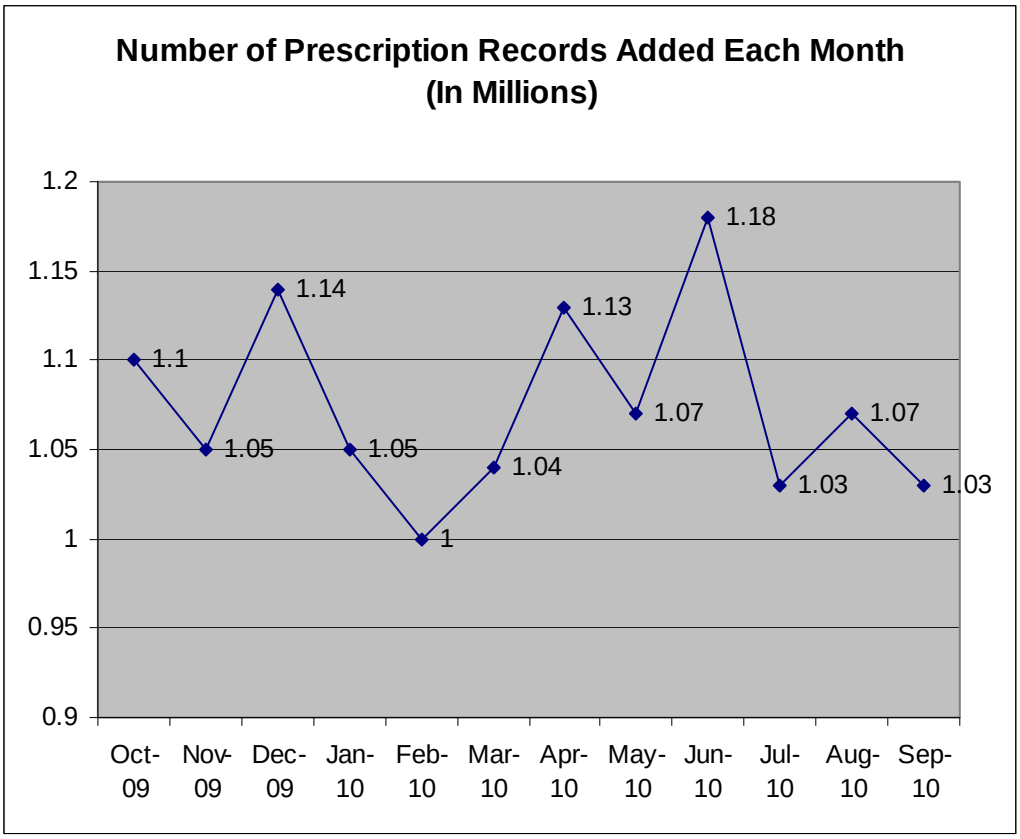


Figure 2.

Another way of looking at the dispensed prescription data is to determine the total number of individuals receiving (a) Class II, (b) Class II and/or III and (c) Class II, Class III and/or Class IV prescriptions in 6-month time blocks to look at trends over time (Figure 3). This data seems to demonstrate that the existence of VPMP does not prevent individuals from receiving controlled substances for legitimate medical purposes, nor does its existence appear to have a "chilling effect" on the prescribing habits of physicians treating those individuals. The increases may reflect population growth in Virginia over the past few years.

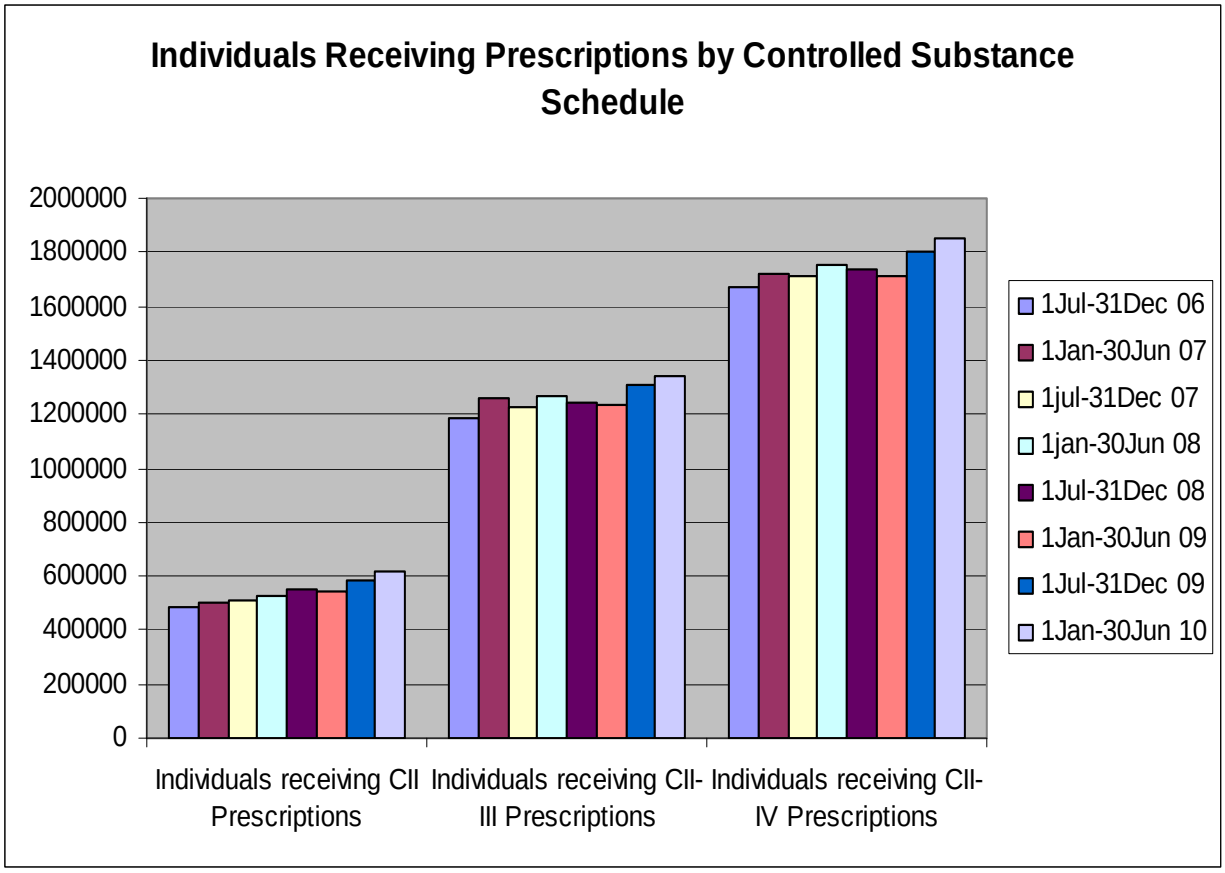


Figure 3.

(iii) The number of exemptions from reporting requirements authorized.

On a monthly basis, the VPMP exempts or waivers a small number of pharmacies or physicians licensed (dispensers) to dispense controlled substances (Figure 4). Dispensers that are waivered have attested that they dispense no Schedule II-IV prescriptions. Some physicians licensed to dispense controlled substances who are waivered may be members of a large group practice whereby the entity submits the dispensed controlled substances to VPMP on their behalf.

Pharmacies that are exempt from reporting are exempt due to the fact that they fall into one of the categories listed in the Virginia Code. Exemptions include dispensing exclusively to inpatients in hospices, dispensing to inpatients in hospitals and nursing homes, and dispensing covered substances within an appropriately licensed narcotic maintenance treatment program, among others.

As of September 2010, there were 1707 resident pharmacies, 397 non-resident pharmacies and 343 physicians licensed to sell controlled substances licensed or permitted by the Board of Pharmacy. Currently, 140 of the resident pharmacies are waivered or exempted from reporting (8.2%); 145 of the non-resident pharmacies are waivered or exempted from reporting (36.5%); and 249 physicians licensed to sell controlled substances are waivered.

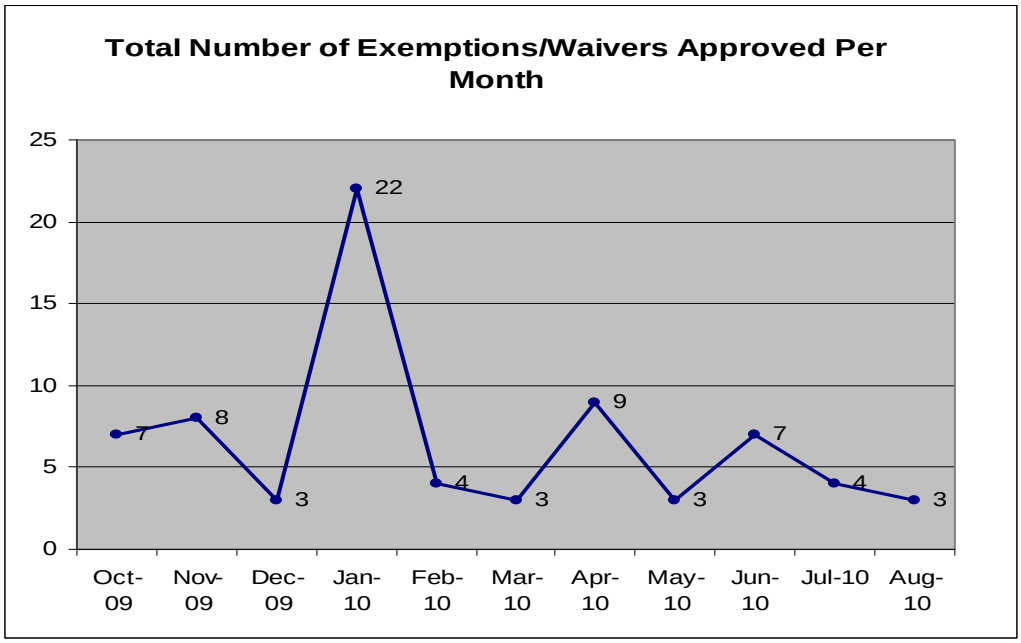


Figure 4. Note: The significant increase in January was due to several physicians receiving their license to sell and the employing entity stipulating that it would submit reports of dispensing on their behalf. These dispensers received a waiver from reporting their dispensing information on an individual basis.

(iv) The number of requests for information from registered users made and responded to

Patient profile requests from registered users have increased dramatically on a monthly basis since the introduction of 24/7 access--automated response software on October 1, 2009 (Figure 5). A dramatic surge of requests followed the distribution of VPMP brochures in February of 2010 to all prescribers and pharmacists licensed in Virginia. The VPMP processed 75,000 requests in 2009; over 300,000 requests have been processed through September 2010.

Prescribers submit the majority of requests for patient information, submitting 90.2% of all requests submitted in 2010. Pharmacists submitted 7.6% of the total volume while authorized medical examiners and the drug diversion agents of the Virginia State Police submitted slightly less than 1% of the total each. Combined, these four categories of users accounted for 99.5% of all requests submitted in 2010.

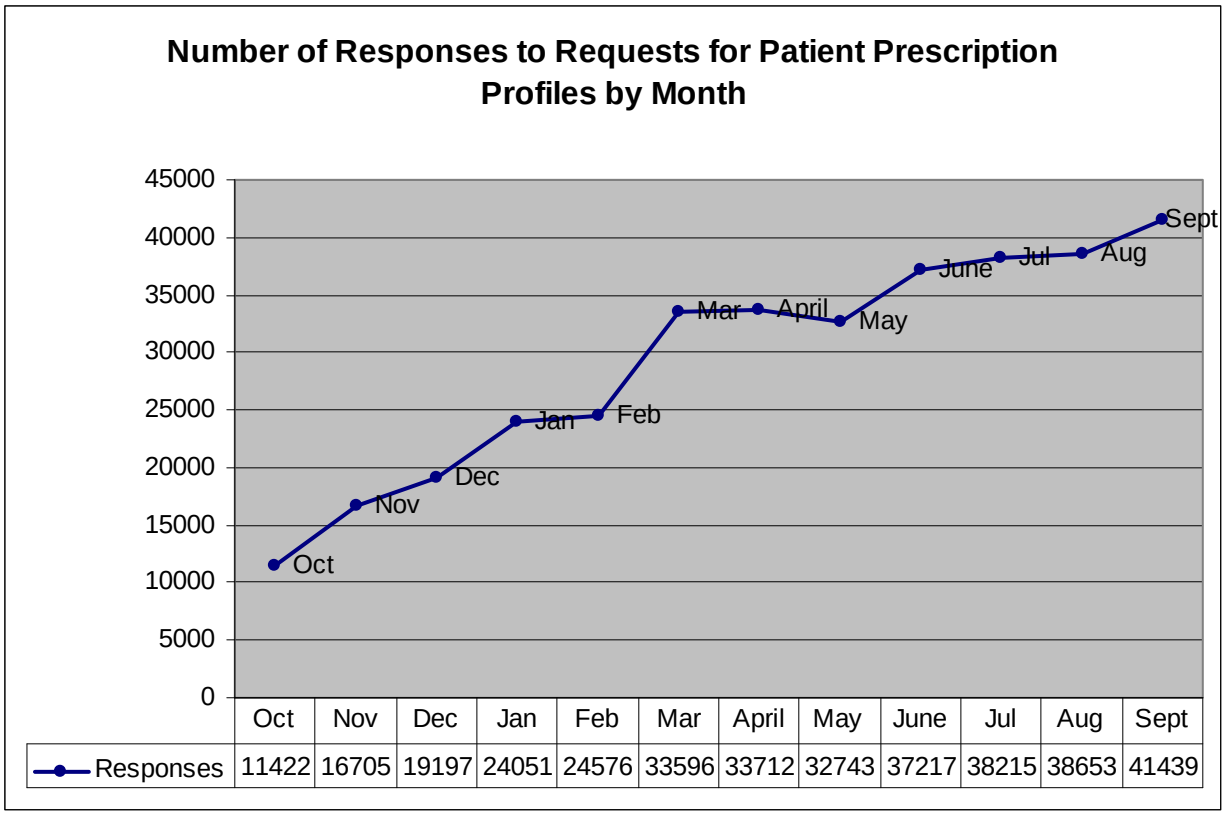


Figure 5.

(v) The number of notifications of indications of potential misuse [or abuse] of covered substances sent to prescribers and the number and nature of responses to such notifications

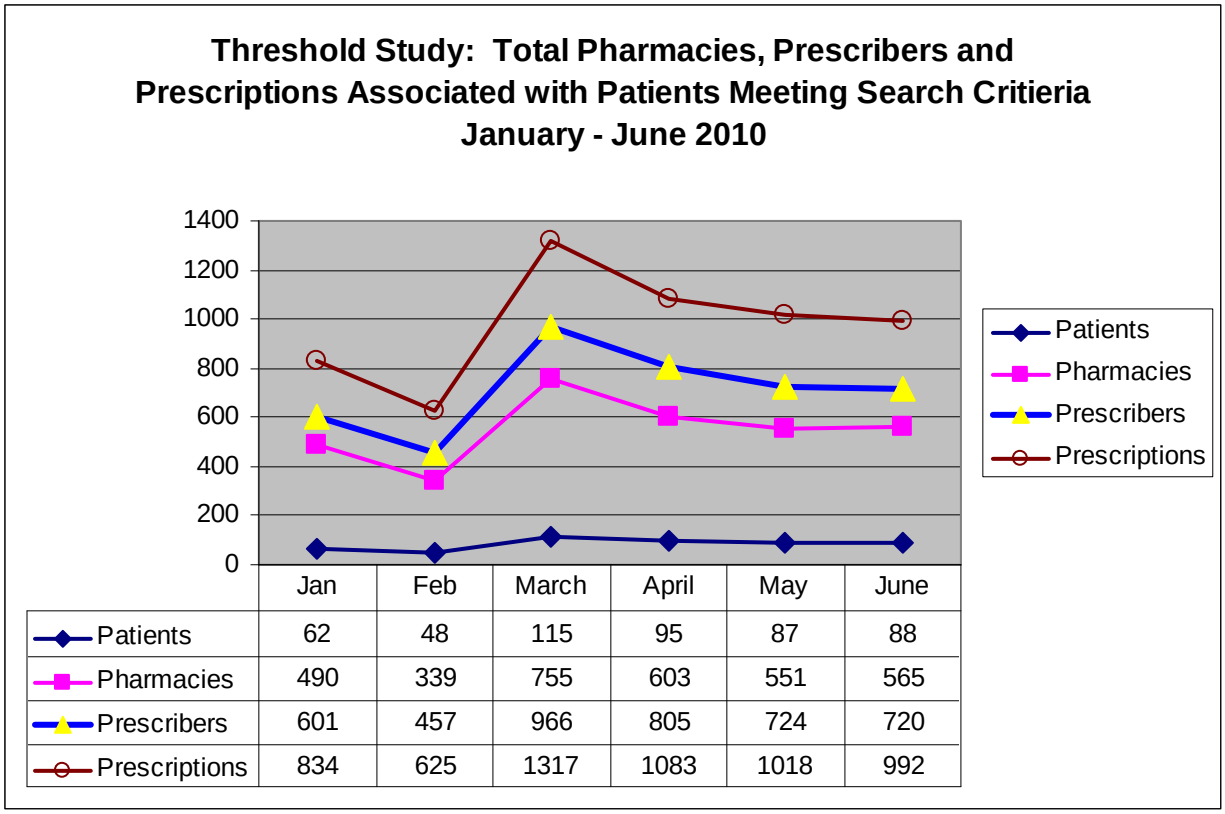
Beginning in February of 2010, VPMP staff began evaluation of the 2010 prescription data for indicators of potential misuse, abuse or diversion. Queries were completed requesting the names of individuals who had received prescriptions from at least seven prescribers and dispensed from at least three pharmacies in a one month period. This search criterion is not intended to capture all incidents of possible abuse or diversion rather only the most egregious examples. Processing these reports is a very labor-intensive endeavor and must be done with great care to ensure patients are not incorrectly identified as meeting the criteria. After this careful review, the reports are then generated for each of those patients for the month in question and sent to each prescriber on the patient's report to alert the prescriber that he or she does not appear to be the only practitioner from whom the patient is seeking medical treatment or evaluation.

The types of responses from prescribers receiving the notification reports generally fall into 2 broad categories: the person listed in the report is not a patient of the prescriber or the patient is no longer a patient of the prescriber. VPMP does not generally receive a great number of comments and for this reason is developing a survey mechanism that will ask registered prescribers the following: 1. Did you receive the report? 2. If you received the report how did this impact your treatment? a. no change, b. discharged patient, c. counseled patient and made

referral for substance abuse treatment, d. counseled patient and made referral to pain management, e. other. 3. Did you report matter to law enforcement? This information will be used to further enhance the unsolicited report process.

Figure 6 shows the total number of patients identified in a specific month as a result of the VPMP's threshold search. During the first six months of 2010, an average of 83 patients met the designated thresholds of at least seven physicians consulted and at least three pharmacies dispensing their medications in a one month period. These individuals utilized on average per month; 7 (seven) pharmacies and 9 (nine) prescribers to obtain 12 (twelve) prescriptions.

It is not clear why there was a significant increase in the number of patients identified in March 2010. However, in looking back at previous years' data, it appears that there is a yearly spike in what appears to doctor shopping activity during this time period. Whether this is related to spring vacations or some other phenomenon is not clear.



	Jan	Feb	March	April	May	June
Patients	62	48	115	95	87	88
Pharmacies	490	339	755	603	551	565
Prescribers	601	457	966	805	724	720
Prescriptions	834	625	1317	1083	1018	992

Figure 6.

The VPMP also tracked the distribution of patients by zip code to provide a further analysis of the notifications sent to prescribers (Figures 7 & 8). While the pilot project of the program was initiated in 2003 as a result of the epidemic of prescription drug abuse in Southwest Virginia (SW V); in the first half of 2010 only 7% of the 491 patients identified appeared to have a primary residence in that region which comprises approximately 20% of the population of the Commonwealth. This could be due to the proximity of several border states in this area which encourages cross border traffic.

The majority of patients identified (exactly 50% of the total) identified their primary residence as located in Northern Virginia (N VA) which comprises approximately 40% of the population. Central Southeast Virginia (C-SE VA) had 43% of patients identified during this time period.

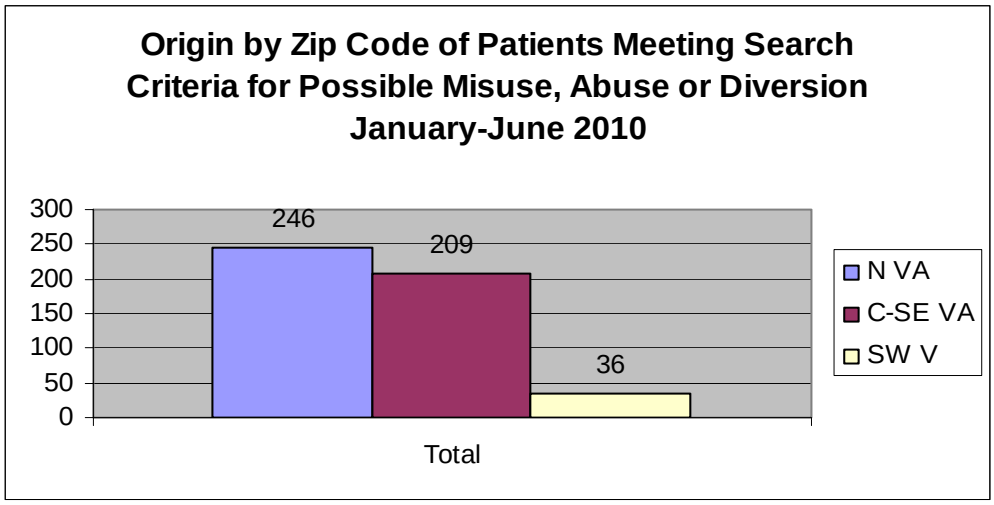


Figure 7.

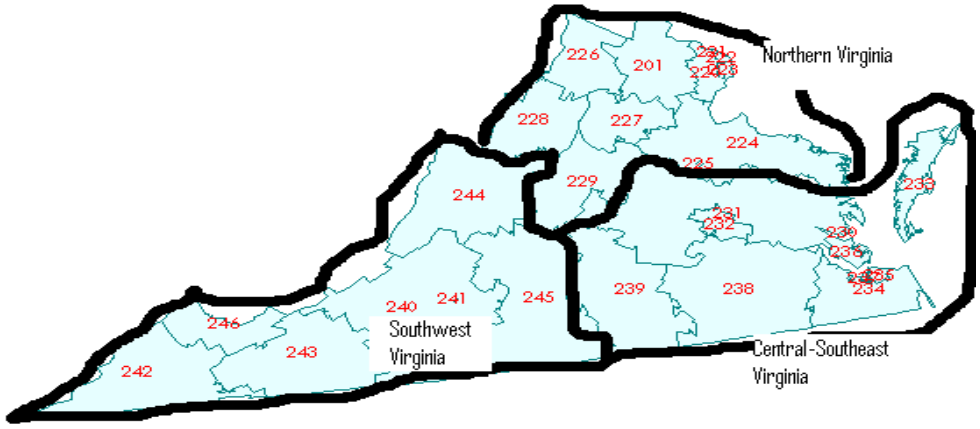


Figure 8.

The VPMP also looks at broader data to determine impact of the overall program on "doctor shopping" indicators. The following tables show the number of persons in the VPMP who have utilized pharmacies and prescribers in the following numbers: 5 & 5; 10 & 10; 15 & 15 during six-month periods dating back to the second half of 2006. This information is generated as part of the federal grant performance measures that are mandated for inclusion in grant progress reports.

Figure 9 represents persons utilizing five prescribers and five pharmacies during the most recent six month period. It is important to note that the utilization of five prescribers and five pharmacies in a six-month period is not necessarily an indication of prescription misuse, abuse or diversion, but may be a reflection of individuals either seeking care from several specialists or receiving care from different prescribers within the same practice.

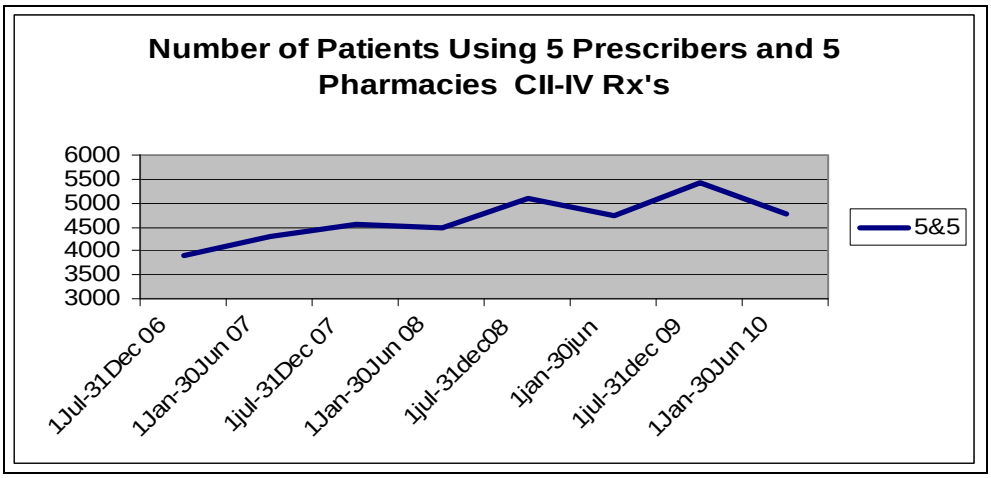
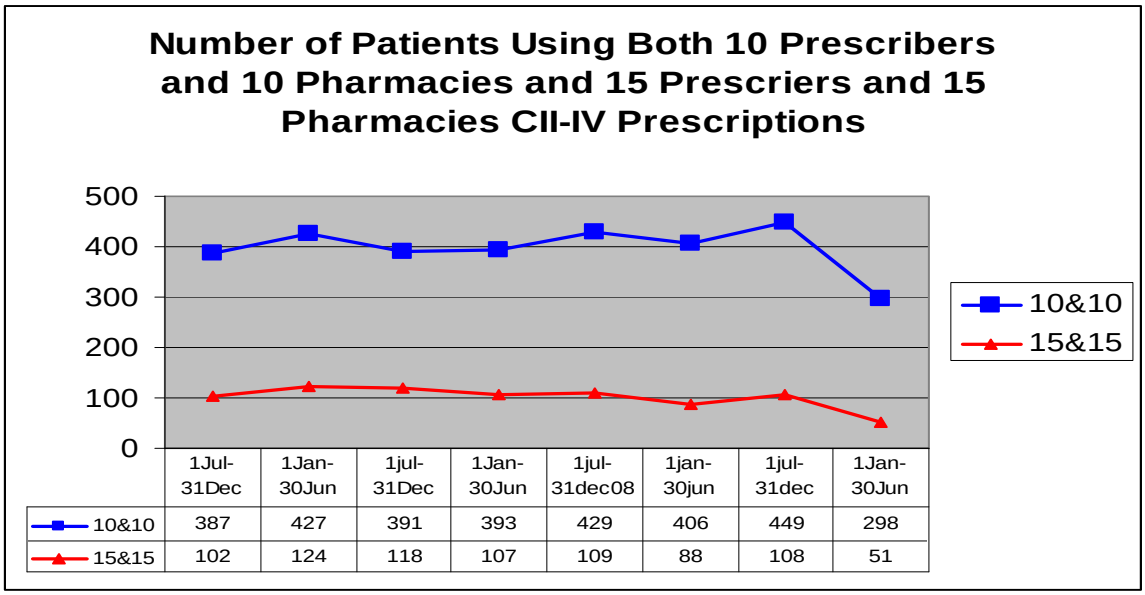


Figure 9.

Figure 10 demonstrates that 24/7 access to VPMP appears to have had a significant impact on those persons seeking care from greater numbers of prescribers and pharmacists. Utilization of prescribers and pharmacies at these levels is more likely to be an indicator of prescription drug misuse, abuse or diversion.



	1Jul-31Dec	1Jan-30Jun	1jul-31Dec	1Jan-30Jun	1jul-31dec08	1jan-30jun	1jul-31dec	1Jan-30Jun
10&10	387	427	391	393	429	406	449	298
15&15	102	124	118	107	109	88	108	51

Figure10.

(vi) The number of responses to requests for information relevant to an investigation of a specific recipient, prescriber, or dispenser made, and the agency or entity to which such information was released

Registered users of the VPMP who utilize the program for purposes other than to make treatment decisions may only receive prescription data based on specific authority and the presence of an open investigation. The Department of Health Professions (DHP) investigates complaints on licensees related to abuse, diversion, and indiscriminate prescribing or dispensing.

Drug Diversion Agents of the Virginia State Police (VSP DDU) investigates complaints related to abuse, diversion, and indiscriminate prescribing or dispensing and Drug Enforcement Administration (DEA) investigate cases related to indiscriminate prescribing or dispensing. Medical Examiners (ME) request VPMP reports on deceased individuals according to protocol in order to assist them in specifying the types of drug screens to order and assist in making cause of death determinations. The Health Practitioners' Monitoring Program (HPMP) monitors for drug utilization compliance as specified in a Board Order. Details are found in Figure 11.

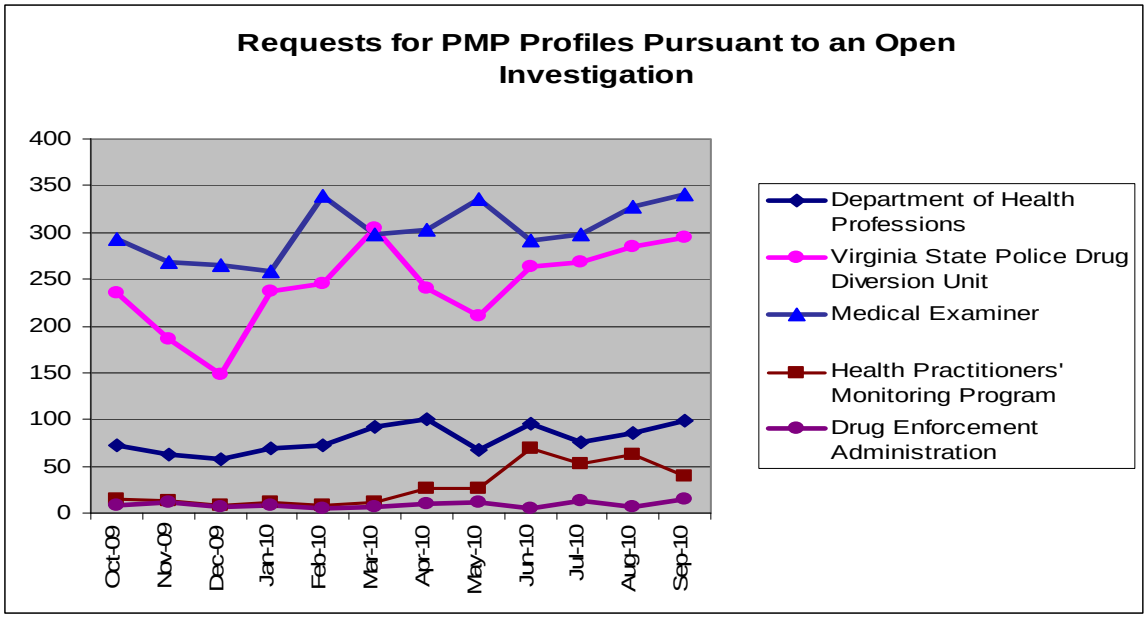


Figure 11.

(vii) The number of disciplinary proceedings initiated by a health regulatory board against a person required to report dispensing of a covered substance to the Prescription Monitoring Program for failure to report as required.

Timely reporting of prescription data to the VPMP is crucial, especially when reporting is required just twice a month. Anecdotally, many other state programs have reported issues with obtaining compliance with reporting requirements. Federal grants providing funding to PMPs now require as part of required quarterly progress reports information on the number of dispensers delinquent in the reporting of prescription data.

VPMP utilizes a process whereby any dispenser delinquent in reporting data in a reporting period receives a letter with instructions and requesting that the data be reported immediately but not later than the deadline for the next reporting period. Letters of notification are sent to the specific dispensers not in compliance two days following the deadline reporting date for a report period, during which time a delinquent report is generated from the data collection site. The delinquent lists for each category of dispenser is checked daily for compliance and the compliance date is recorded when data is received.

Dispensers delinquent for two or more reporting periods receive a certified letter in addition to the notification letter that is sent by regular mail. A copy of the certified letter is

forwarded to the appropriate Board of Pharmacy licensing the dispenser. Consistent tracking and the sending of the regular and certified letters have been very successful in encouraging the timely reporting of controlled substance data to the VPMP.

The Board of Pharmacy has published a guidance document (110-06) which details under what circumstances and the specific actions the Board may take for failure to submit timely required reports to the program. The Board has not taken any disciplinary action to date on a dispenser being non-compliant with the reporting requirements of the VPMP.

Figure 12 indicates the total number of certified letters sent each month to pharmacies that have failed to report prescription data as required. Dispensers report software issues and non-availability of the person responsible for submitting reports as the main causes for being delinquent.

CERTIFIED LETTERS SENT	
October 2009	0
November 2009	3
December 2009	12
January 2009	22
February 2009	8
March 2009	17
April 2009	4
May 2009	1
June 2010	2
July 2010	6
August 2010	15
September 2010	16

Figure 12.

Recommendations for Enhancement of the Prescription Monitoring Program

The Director of the Virginia Department of Health Professions respectfully submits the following recommendations for enhancing the Virginia Prescription Monitoring Program (VPMP) with guidance from the Advisory Committee of the VPMP. The recommendations will enable the program to meet minimum eligibility requirements for the federal grant funding as well as provide more complete information to registered users of the program to assist them in making treatment and dispensing decisions. The recommendations also assist in aligning the program with other state programs to ensure compatibility enabling interoperability between state programs.

RECOMMENDATIONS
Add tramadol and carisoprodol to Schedule IV in the Drug Control Act
Add authority to add additional drugs of concern as covered substances utilizing the regulatory process of the Virginia Board of Pharmacy
Expand access to include additional federal law enforcement to include authorized agents of FBI, FDA, and HHS with the requirement of having an open investigation. (Based on NASPER)
Expand access to include authority for medical reviewers for workman's compensation programs (Reviewer would be a prescriber)
Add authority to provide unsolicited reports to law enforcement and regulatory agencies
Change reporting requirement to "within 7 days of dispensing"
Change reporting format to ASAP version 2007, provide mechanism for Director to change reporting format by providing timeframe to come into compliance
Add requirement of notarized application for prescribers, dispensers, and delegates
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Add method of payment to reporting requirements (Cash, Medicaid, other)
Require dispensers to report the DEA registration of the dispenser (Note: change from NCPDP#, cost savings for program, align with other state programs)
Require dispensers to report the number of refills ordered
Require dispensers to report whether the prescription was a new or refill
Require the dispenser to report the date the prescription was written
Require estimated number of days for which prescription should last (Days Supply)

ENROLLED

SENATE JOINT RESOLUTION NO. 73

Continuing the Joint Subcommittee to Study Strategies and Models for Substance Abuse Prevention and Treatment. Report.

Agreed to by the Senate, March 10, 2010
Agreed to by the House of Delegates, March 9, 2010

WHEREAS, Senate Joint Resolution No. 77 (2008) established the Joint Subcommittee to Study Strategies and Models for Substance Abuse Prevention and Treatment; and

WHEREAS, Senate Joint Resolution No. 318 (2009) last continued the study for one year to continue to identify and characterize the nature of substance abuse in the Commonwealth; identify current state policies and programs targeting substance abuse prevention and treatment; examine the cost of such policies and programs to the Commonwealth; identify and examine policies and prevention programs from other leading states in the field of substance abuse and prevention; and benchmark the Commonwealth's substance abuse prevention and treatment programs and policies against those of the leading states; and

WHEREAS, a number of meetings with stakeholders were held throughout the state, the work groups established pursuant to Senate Joint Resolution No. 318 to assist the joint subcommittee each met three times, and the full joint subcommittee met four times during the 2009 interim to collect information and carry out its work; and

WHEREAS, substance abuse treatment insurance parity requirements increase access to medically necessary services for insured persons in need of substance abuse treatment services and may reduce the cost of substance abuse and substance abuse treatment services to the Commonwealth; and

WHEREAS, the Bureau of Insurance of the State Corporation Commission is the state agency charged with ensuring that citizens of the Commonwealth are provided with access to adequate and reliable insurance protection and that insurance companies conduct their business according to statutory and regulatory requirements and acceptable standards of conduct; and

WHEREAS, the Office of the Chief Medical Examiner reports that between 2003 and 2007, the last year for which data is currently available, the number of drug-caused deaths in the Commonwealth rose from 564 deaths in 2003 to 717 deaths, or 8.9 deaths per 100,000 people, in 2007, with a substantial majority of such deaths linked to the use or abuse of prescription medications; and

WHEREAS, the Department of Health Professions' Prescription Monitoring Program provides a valuable tool that prescribers and dispensers of prescription medications can use to identify individuals who may be misusing or abusing prescription drugs, reduce rates of prescription drug misuse and abuse, and protect the health and safety of Virginians; and

WHEREAS, the work groups recommended and the full Joint Subcommittee to Study Strategies and Models for Substance Abuse Prevention and Treatment concurred that the joint subcommittee be continued for one more year to continue to process and evaluate the information received by the work groups and strategies and models identified during the 2009 interim and to develop a more comprehensive list of recommendations for treating and preventing substance abuse and reducing the costs of substance abuse in the Commonwealth; now, therefore, be it

RESOLVED by the Senate, the House of Delegates concurring, That the Joint Subcommittee to Study Strategies and Models for Substance Abuse Prevention and Treatment be continued. The joint subcommittee shall have a total membership of 11 members that shall consist of two members of the Senate appointed by the Senate Committee on Rules; three members of the House of Delegates appointed by the Speaker of the House of Delegates in accordance with the principles of proportional representation contained in the Rules of the House of Delegates; one nonlegislative citizen member representing a private or nonprofit organization dedicated to substance abuse prevention or treatment programs to be appointed by the Senate Committee on Rules; two nonlegislative citizen members representing private or nonprofit organizations dedicated to substance abuse prevention or treatment to be appointed by the Speaker of the House of Delegates; and the Commissioner of Social Services, the Commissioner of the Department of Behavioral Health and Developmental Services, and the Director of the Department of Corrections or their designees to serve ex officio with nonvoting privileges. Nonlegislative citizen members of the joint subcommittee shall be citizens of the Commonwealth of Virginia. The current members appointed by the Senate Committee on Rules shall continue to serve until replaced. The current members appointed by the Speaker of the House of Delegates shall be subject to reappointment. Vacancies shall be filled by the original appointing authority. Unless otherwise approved in writing by the chairman of the joint subcommittee and the respective Clerk, nonlegislative citizen members shall only be reimbursed for travel originating and ending within the Commonwealth of

Virginia for the purpose of attending meetings. If a companion joint resolution of the other chamber is agreed to, written authorization of both Clerks shall be required. The joint subcommittee shall elect a chairman and vice-chairman from among its membership, who shall be members of the General Assembly.

In conducting its study, the joint subcommittee shall continue to process information received and models and strategies identified by the joint subcommittee during the 2009 interim, in order to (i) identify and characterize the nature of substance abuse in the Commonwealth; (ii) identify current state policies and programs targeting substance abuse prevention and treatment; (iii) examine the cost of such policies and programs to the Commonwealth; (iv) identify and examine policies and prevention programs from other leading states in the field of substance abuse and prevention; and (v) compare the Commonwealth's substance abuse prevention and treatment programs and policies with those of the leading states. The joint subcommittee shall also continue the work groups established during the 2009 interim to explore issues related to substance abuse treatment, substance abuse prevention, and special issues related to the abuse of prescription medication.

In addition, as a part of the joint subcommittee's study, the Bureau of Insurance of the State Corporation Commission shall collect data on and information about the coverage provided by health insurers, health services plans, and health maintenance organizations for substance abuse treatment services. The Bureau of Insurance shall collect such data and information as specified in the Senate Amendment in the Nature of a Substitute for Senate Joint Resolution No. 74 (2010).

To further assist the joint subcommittee in its work, the Department of Health Professions shall collect data on and information about utilization of the Prescription Monitoring Program by prescribers and dispensers of controlled substances and responses to notifications sent by the Department to prescribers. The Department of Health Professions shall collect such data and information as specified in Senate Joint Resolution No. 75 (2010), as amended by the Senate.

Administrative staff support shall continue to be provided by the Office of the Clerk of the Senate. Legal, research, policy analysis, and other services as requested by the joint subcommittee shall continue to be provided by the Division of Legislative Services. All agencies of the Commonwealth shall provide assistance to the joint subcommittee for this study, upon request.

The joint subcommittee shall be limited to four meetings for the 2010 interim, and the direct costs of this study shall not exceed $6,200 without approval as set out in this resolution. Approval for unbudgeted nonmember-related expenses shall require the written authorization of the chairman of the joint subcommittee and the respective Clerk. If a companion joint resolution of the other chamber is agreed to, written authorization of both Clerks shall be required.

No recommendation of the joint subcommittee shall be adopted if a majority of the Senate members or a majority of the House members appointed to the joint subcommittee (i) vote against the recommendation and (ii) vote for the recommendation to fail notwithstanding the majority vote of the joint subcommittee.

The Bureau of Insurance of the State Corporation Commission and the Department of Health Professions shall submit such data and information as requested to be collected, respectively, to the Joint Subcommittee to Study Strategies and Models for Substance Abuse Prevention and Treatment, which shall include the findings of each agency in its report to the Governor and 2011 Regular Session of the General Assembly.

The joint subcommittee shall complete its meetings by November 30, 2010, and the chairman shall submit to the Division of Legislative Automated Systems an executive summary of its findings and recommendations no later than the first day of the 2011 Regular Session of the General Assembly. The executive summary shall state whether the joint subcommittee intends to submit to the General Assembly and the Governor a report of its findings and recommendations for publication as a House or Senate document. The executive summary and report shall be submitted as provided in the procedures of the Division of Legislative Automated Systems for the processing of legislative documents and reports and shall be posted on the General Assembly's website.

Implementation of this resolution is subject to subsequent approval and certification by the Joint Rules Committee. The Committee may approve or disapprove expenditures for this study, extend or delay the period for the conduct of the study, or authorize additional meetings during the 2010 interim.

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SENATE JOINT RESOLUTION NO. 75

Senate Amendments in [ ] — February 16, 2010

Requesting the Department of Health Professions to collect data and information about utilization of the Prescription Monitoring Program by prescribers and dispensers of controlled substances and responses to notifications sent by the Department to prescribers and dispensers. Report.

Patron Prior to Engrossment—Senator Hanger

Referred to Committee on Rules

WHEREAS, prescription medications such as pain relievers, tranquilizers, stimulants, and sedatives have substantial benefits when used appropriately but can result in serious negative consequences to the individual and society when used in an inappropriate or illegal manner; and

WHEREAS, while most people use prescription medications lawfully and as directed by the prescriber, a growing number of persons are engaging in the inappropriate, illegal, nonmedical use and abuse of prescription medications; and

WHEREAS, the Office of the Chief Medical Examiner reports that between 2003 and 2007, the last year for which data is currently available, the number of drug-caused deaths in the Commonwealth rose from 564 deaths in 2003 to 717 deaths, or 8.9 deaths per 100,000 people, in 2007, with a substantial majority of such deaths linked to the use or abuse of prescription medications; and

WHEREAS, the Department of Health Profession's Prescription Monitoring Program provides a valuable tool that prescribers and dispensers of prescription medications can use to identify individuals who may be misusing or abusing prescription drugs, reduce rates of prescription drug misuse and abuse, and protect the health and safety of Virginians; now, therefore, be it

RESOLVED by the Senate, the House of Delegates concurring, That the Department of Health Professions be requested to collect data on and information about utilization of the Prescription Monitoring Program by prescribers and dispensers of controlled substances and responses to notifications sent by the Department to prescribers [~~and dispensers~~] .

Data and information about use of the Prescription Monitoring Program and responses to notifications collected and reported by the Department of Health Professions shall include, for each month of 2010: (i) the number of registered [~~agents~~ users] eligible to receive reports from the Prescription Monitoring Program; (ii) the number of reports of dispensing of covered medications submitted to the Prescription Monitoring Program; (iii) the number of exemptions from reporting requirements authorized; (iv) the number of requests for information from registered [~~agents~~ users] made and responded to; (v) the number of notifications of [~~substantial or unusual prescribing or dispensing activity or~~] indications of potential misuse [or abuse] of covered substances sent to prescribers [~~and dispensers,~~] and the number and nature of responses to such notifications; (vi) the number of responses to requests for information relevant to an investigation of a specific recipient, prescriber, or dispenser made, and the agency or entity to which such information was released; and (vii) the number of disciplinary proceedings initiated by a health regulatory board against a person required to report dispensing of a covered substance to the Prescription Monitoring Program for failure to report as required. The Department shall also include any recommendations for changes to the Prescription Monitoring Program and any other information relevant to the use of the Prescription Monitoring Program as the Department shall deem appropriate.

All agencies of the Commonwealth shall provide assistance to the Department of Health Professions in collecting the information, upon request.

The Department of Health Professions shall submit to the Division of Legislative Automated Systems an executive summary and a report of the data on and information about utilization of the Prescription Monitoring Program by prescribers and dispensers of controlled substances and responses to notifications sent by the Department to prescribers and dispensers no later than the first day of the 2011 Regular Session of the General Assembly. The executive summary and report of data and information shall be submitted for publication as a report document as provided in the procedures of the Division of Legislative Automated Systems for the processing of legislative documents and reports and shall be posted on the General Assembly's website.

ENGROSSED

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